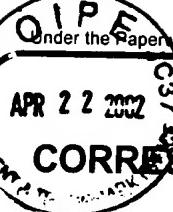


GAY 1772



# CHANGE OF CORRESPONDENCE ADDRESS Application

Address to:  
Assistant Commissioner for Patents  
Washington, D.C. 20231

Application Number	10/022,706
Filing Date	December 17, 2001
First Name Inventor	Michael G. Harris et al.
Art Unit	1772
Examiner Name	not yet assigned
Attorney Docket Number	772490100015

Please change the Correspondence Address for the above-identified application to:

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<input checked="" type="checkbox"/> Firm or Individual Name	Barbara E. Arndt, Ph.D. Jones, Day, Reavis & Pogue		
Address	North Point		
Address	901 Lakeside Avenue		
City	Cleveland	State	Ohio
Country	US	ZIP	44114
Telephone	216-586-3939	Fax	216-579-0212

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- Applicant/Inventor.
- Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

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Name

Barbara E. Arndt

Signature

Barbara E. Arndt

Date

4/10/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.